



Hawaii Physicians' Support For Assisted Dying Is Growing

Robert Nathanson MD

In early November 2003, I sent a letter to 2,079 Hawaii physicians whose names were listed in the Little Blue Book (of physicians) and the HMA member directory. This letter was under the banner of HPAD, Hawaii Physicians for Assisted Dying, an organization formed in April 2003. In the letter I outlined the specifics of the Hawaii Death with Dignity (DWD) bill that will be introduced to the legislature in 2004, and mentioned the numerous safeguards built into the bill. A reply form was enclosed asking, "What is your position on the proposed Hawaii Death with Dignity Act?"

If the physician supported the legislative effort he/she was given 4 boxes from which to "check" one or more of the following statements:- 1) I am in favor; 2) I am in favor but unwilling to become involved at this time; 3) I would like to join HPAD; and 4) I am willing to have my name listed as a physician who supports the Hawaii Death with Dignity Act.

The recipients were told that a position of support "does not necessarily mean that you yourself would be willing to write a prescription, but rather that you recognize and support a patient's individual right to choose."

If the physician opposed the legislative effort he/she was given 2 checks boxes:- 1) I do not support physician-assisted dying legislation; and 2) I do not support physician-assisted dying legislation because:... followed with a space for comments.

A return addressed but not stamped envelope was included.

My initial purpose in sending this mailing was to elicit a response from those who would be willing to support a physician-assisted dying bill similar to the one narrowly defeated at the close of the 2002 legislative session. However, as the responses started coming in, it became clear that there was a larger percentage of support than I had anticipated.

To date there have been 224 responses, with 164 (73%) in favor and 60 (27%) opposed. 19 physicians elected to join HPAD and 75 were willing to having their name listed as being in support of assisted dying legislation.

Of those who were opposed, almost a third cited religious beliefs, another third indicated the physician's duty is to "heal and not kill", while and the remaining third gave no reason.

Since the idea of participating in a Death with Dignity law appears to some physicians as tantamount to murder, I feel it is important to emphasize that the DWD law specifically outlaws lethal injections, mercy killing and active euthanasia.

The physician's "assistance" is limited to diagnosing the terminal illness, referring the patient for a confirming second medical opinion and then, after all of the safeguards have been met, writing a prescription for a lethal dose of medication that the terminally ill patient must self-administer.

It must also be emphasized that it is the patient who has initiated the request for help in his/her dying process and the patient can change his or her mind at any time.

A more exhaustive survey published in the December 1996 edition of the Hawaii Medical Journal noted that of 1,028 Hawaii physicians, 60% approved of physician-assisted dying. This is not to say that all of the physicians who responded would personally agree to write a prescription for a dying patient, but rather that they felt the patient had a right to end his or her suffering in a quick and dignified manner.

Although my mailing was not a formal controlled survey like that conducted in 1996, it would appear that in the last five years support among Hawaii physicians has been increasing. This finding is similar to public polls that show support consistently above 70%.

As a co-founder and past president of Hospice Hawaii, I know from experience that only a small percentage of patients want assistance in hastening their death. For those few, however, it is a major blessing.

Hawaii's Death With Dignity bill is modeled after Oregon's Death With Dignity Act, which has been in effect for over five years. Because the Oregon law requires a second medical opinion along with mandatory patient counseling on alternative treatments such as palliative care, hospice and pain management, many patients withdrew their request for the medication after learning they had options.

Of those who had prescriptions filled, about half died of their disease without ever availing themselves of the medication. Many referred to it as "an insurance policy" against an undignified death.

The Oregon law has been working well. There has not been one single documented instance of abuse. During its first five years only 129 patients out of 42,274 patients suffering from the same underlying diseases have ended their lives by self-administering a lethal dose of medication.

In that same five years over 150,000 Oregonians died, making the number of hastened deaths less than one tenth of one per cent (0.09%). This is a far cry from the claims of opponents who alleged that passing such a law would make Oregon the "Suicide Mecca" of the United States.

Of the physicians surveyed following enactment of the law, 30% reported that they had increased their hospice referrals, 76%

The HMA and AMA are opposed to Physician Assisted Suicide in favor of effective palliative care, pain management and end-of-life care. Next month's HMJ issue will contain an editorial elaborating on this subject.

See Assisted Dying, p. 35

gave the doctor's enemies a chance for revenge. Although Dr. Judd and the Rev. Richard Armstrong worked valiantly to stem the tide they were picked as scapegoats and were even accused of introducing the disease. Using this as a lever, the opposing faction was able to force Dr. Judd's retirement from government service in September, 1853.

During the rest of his life he practiced medicine and engaged in plantation and other business ventures, except for the period when he served in the House of Representatives.

One of the founders of Punahou School in 1841, Dr. Judd personally supervised the erection of the first building and served as one of the first trustees. In 1856 he was one of the signers of the charter of incorporation for the Hawaii Medical Association. On July 17, 1860 the cornerstone of the Queen's Hospital was laid. The doctor's influence was felt in fulfilling this great need, and he served as one of the first trustees. From 1863 until his death he served as a member of the Hawaiian Evangelical Association board. A master of the Hawaiian language, he translated books on hygiene, the life of Abraham Lincoln, and assisted in the translations of the Bible. In 1870 he founded a medical school for native boys.

Dr. Judd died on July 12, 1873, in Honolulu at the age 70.

Aptly descriptive of his lifetime work, the epitaph on his tomb in Nuuanu Cemetery reads, "Hawaii's Friend".

Assisted Dying from p. 33

reported making efforts to improve their knowledge of pain medication, 69% reported efforts to improve recognition of psychiatric disorders including depression and 79% reported their confidence in prescribing pain medication had improved. In addition, the use of medical morphine, considered the "gold standard" for relieving pain in end stage cancers, increased by 70%.

One Oregon finding that has not yet been published comes from Compassion In Dying (CID), an organization that supports personal choice at the end of life. CID has been able to document a decrease in the number of violent deaths among the terminally ill (such as by the use of a gun or hanging) proportionate to the number of hastened deaths using the Oregon law.

As physicians we need to accept the fact that we can't cure everything. We must respect a patient's right to self-determination in end-of-life choices where all other reasonable efforts to relieve suffering have failed.

The way each person dies should be a personal, unique choice. Ideally, no law should need to be passed about such a private decision; it should be like it was years ago, a matter between each person and his/her doctor.

However, our litigious society demands that these matters be encoded in the law. HPAD therefore takes the position that the choice of physician-assisted dying should be made legal even though it is intended for only a small minority of people.

Anyone who does not support assisted dying for religious, moral or ethical reasons is not required to participate. Also, any physician who prescribes a lethal dose of medication to a terminally ill patient, provided all of the safeguards are adhered to, is immune from civil and criminal liability.

Editor's Note:

Robert Nathanson MD was in general practice for 37 years with Kaiser Permanente in Kailua and Kaneohe. He was co-founder and first president of Hospice Hawaii in 1979 and founder of HPAD- Hawaii Physicians for Assisted Dying; a group of medical professionals interested in supporting a patient's right to a dignified and peaceful death.

He may be contacted at HPAD, 68-615 Farrington Hwy., #19B, Waialua, HI 96791.



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